	in this information to										
Deb	otor 1	Kimberly E D	)ewald			_					
	otor 2 use, if filing)					_					
Uni	ted States Bankruptc	y Court for the:	EASTERN DISTRICT	OF PENNSYLVAN	IIA						
Cas	se number 20-1	1200				Che	ck if this is:				
(If kn	lown)						An amende	d filing			
								ent showing pos as of the followi		chapter	
<u>O</u> 1	fficial Form ′	<u> 1061</u>				1	MM / DD/ Y	YYY			
S	chedule I: Y	our Inco	ome							12/15	
sup <sub>l</sub> spoi atta	plying correct inforr use. If you are sepal ch a separate sheet	nation. If you a rated and your	ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and you th you, do not inc	ır spouse i: lude inforn	s living with nation abou	ı you, İnclı it your spo	ude informatio use. If more s	n about pace is i	your needed,	
1.	Fill in your employ information.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse			
	If you have more th	e page with		■ Employed			☐ Employed				
	attach a separate p information about a employers.		Employment status	☐ Not employed			☐ Not employed				
			Occupation	Manager							
		Include part-time, seasonal, or self-employed work.  Employer's name					-				
	Occupation may include student or homemaker, if it applies.		Employer's address	6900 New Falls Rd Levittown, PA 19057							
			How long employed ti	here? <u>20</u>			_				
Par	t 2: Give Deta	ils About Mon	thly Income							_	
<b>Esti</b> ı spou	mate monthly incon use unless you are se	ne as of the da parated.	te you file this form. If y	you have nothing to	report for a	any line, writ	e \$0 in the	space. Include	your nor	n-filing	
	u or your non-filing sp e space, attach a sep		re than one employer, co	ombine the informat	ion for all e	mployers for	that perso	n on the lines b	elow. If y	you need	
						For De	btor 1	For Debtor 2			
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.				2.	\$	6,000.00	\$	N/A		
3.	Estimate and list r	nonthly overti	me pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross In	come. Add line	e 2 + line 3.		4.	\$6,0	00.00	\$	N/A_		

Deb	tor 1	Kimberly E Dewald	_	Ca	se number (if known)	20-11	200		
					or Debtor 1		ebtor :	2 or pouse	
	Cop	by line 4 here	4.	\$	6,000.00	- \$		N/A	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,125.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		0.00	. \$		N/A	_
	5e.	Insurance	5e.		0.00	—		N/A	_
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$ \$	0.00	- \$		N/A N/A	_
	5h.	Other deductions. Specify:	5g. 5h.	,	0.00	- '		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6 6.	\$	1,125.00	- * \$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	-	- Ψ \$			-
		• • • •	7.	φ	4,875.00	- Ψ		N/A	-
8.	8a.	All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	Φ.	•	Ф			
	8b.	monthly net income.  Interest and dividends	8a. 8b.		0.00	- \$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			450.00	- Ψ <u></u>		N/A	_
	8d.	Unemployment compensation	8d.		0.00	\$		N/A N/A	_
	8e.	Social Security	8e.		0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$		N/A	_
	8g.	Pension or retirement income	8g.		0.00	. \$		N/A	_
	8h.	Other monthly income. Specify:	8h.	+ \$	0.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	450.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	6	5,325.00 + \$		N/A	= \$	5,325.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L		0,020.00		1077	Ľ	0,020.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excity:	depe				hedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certaillies					12.	\$	5,325.00
13.	Do	you expect an increase or decrease within the year after you file this form	?				L	Combin monthl	ned y income
		No. Yes Explain:							

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